

Interim Screening Tool for Eligibility for Inactivated Influenza Vaccine

This year's supply of flu vaccine is limited. It is important that people at risk for complications from the flu receive the inactivated flu vaccine. Please complete this form to determine whether you or your child should receive inactivated flu vaccine this flu season (per MDPH guidelines issued 10/27/04).

Is the person being considered for vaccination:

	Yes	No
6 - 23 months of age?	<input type="checkbox"/>	<input type="checkbox"/>
75 years of age or older?	<input type="checkbox"/>	<input type="checkbox"/>
Receiving frequent or on-going medical management for a health problem listed below?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Heart Disease• Lung disease, including asthma• Metabolic disease, like diabetes• Blood disorders like anemia• Weakened immune system caused by disease, such as HIV/AIDS; cancer, cancer treatments or steroid therapy		
Pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6 months - 18 years of age and taking aspirin every day?	<input type="checkbox"/>	<input type="checkbox"/>
Living in a long-term care facility?	<input type="checkbox"/>	<input type="checkbox"/>
A health care worker who provides direct care to patients, but is not eligible for FluMist®, because of one of the situations listed below?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none">• Is 50 years of age or older• Has a medical condition that increases risk of complications from the flu• Cares for immunocompromised patients requiring a protective environment		

If you answered "Yes" to any of the questions above, you are eligible to receive inactivated influenza vaccine (flu shot) in Massachusetts.

Name of patient, or patient's parent or guardian: _____

Date: ____/____/____